FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:58

DOCUMENT # **N37868** **(9)**

1. Corporation Name
NORTH PORT CONTRACTORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%CORD C MELLOR 13801 S TAMIAMI TRAIL NORTH PORT FL 34287	%CORD C MELLOR 13801 S TAMIAMI TRAIL NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1990**
3a. Date of Last Report: **03/22/1994**
4. FEI Number: **65-0211357** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MELLOR, CORD C
13801 S TAMIAMI TRAIL
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	XVP	11 TITLE	D	☒ Change ☐ Addition
NAME	COOK, JAMES	12 NAME		
STREET ADDRESS	118 CIBOA AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL	14 CITY-ST-ZIP		
TITLE	XX	21 TITLE	D	☐ Change ☒ Addition
NAME	[illegible]	22 NAME	WOLFORD, WALTER	
STREET ADDRESS	[illegible]	23 STREET ADDRESS	Post Office Box 21353	
CITY-ST-ZIP	[illegible]	24 CITY-ST-ZIP	SARASOTA, FL 34276	
TITLE	TX	31 TITLE	D	☐ Change ☐ Addition
NAME	[illegible]	32 NAME	MALINOWSKI, TIM	
STREET ADDRESS	[illegible]	33 STREET ADDRESS	Post Office Box 276	
CITY-ST-ZIP	[illegible]	34 CITY-ST-ZIP	North Port, Florida 34287	
TITLE	XVP	41 TITLE	P	☒ Change ☐ Addition
NAME	MEAGHER, MICHAEL M.	42 NAME		
STREET ADDRESS	370 LASAYETTE DR	43 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	TACKETT, CONNIE H	52 NAME		
STREET ADDRESS	3003 SIKESTON AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL	54 CITY-ST-ZIP		
TITLE	XX	61 TITLE	VP RESIGNED BY MAY 1	☒ Change ☐ Addition
NAME	WILLIS, GENE	62 NAME		
STREET ADDRESS	POST OFFICE BOX 266	63 STREET ADDRESS		
CITY-ST-ZIP	MURDOCK FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President 4/18/95 813-255-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064344

N31868

NORTH PORT CONTRACTORS' ASSOCIATION, INC.

1995 Corporate Annual Report

Additional Officers and Directors:

D
Mash, Chuck
Post Office Box 957
Englewood, Florida 34295

D
Langenderfer, Tony
200 N. Seaboard Avenue
Venice, Florida 34292

D
Hyndman, Mike
1282 Market Circle, Unit 1
Port Charlotte, Florida 33953

T
Betts, Deb
6365 Malton Street
North Port, Florida 34287

VP
Wheat, Len
4125 Ozark Avenue
North Port, Florida 34287